



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD

CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

HSE-5J/EERB

AUG 18 1994

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Chicago International Exporting  
4020 South Wentworth Avenue  
Chicago, Illinois 60609

Re: Standard Scrap Metal/Chicago International Exporting Site  
Chicago, Illinois

Dear Sir or Madam:

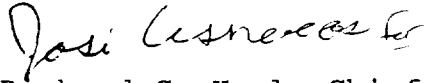
On June 30, 1994, the United States Environmental Protection Agency (U.S. EPA) issued an information request to Chicago International Exporting pursuant to Section 104(e) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA) as amended, 42 U.S.C. Section 9604(e). The information request was served on C. Berry by certified mail. This information request required Chicago International Exporting to provide certain documents and information within 30 calendar days of receipt.

Although the deadline for Chicago International Exporting's response has passed, U.S. EPA has not received any response to the information request. U.S. EPA therefore requests that you comply immediately with that information request. You may, if you desire, assert a business confidentiality claim covering part or all of the information requested, in the manner described by 40 CFR 2.203 (b). Information covered by such a claim will be disclosed by U.S. EPA only to the extent, and only by means of the procedures, provided in 40 CFR Part 2, Subpart B. If no such claim accompanies the information when it is received by U.S. EPA, it may be made available to the public by U.S. EPA without further notice to Chicago International Exporting.

Continued failure to comply with U.S. EPA's information request, or to adequately justify such failure to respond, may subject Chicago International Exporting to an enforcement action seeking to compel compliance and collect penalties of up to \$25,000 per day of noncompliance pursuant to Section 104(e)(5) of CERCLA, 42 U.S.C. Section 9604(e)(5). U.S. EPA has the authority to use the information requested herein in an administrative, civil, or criminal action.

Please contact Kurt Lindland, Assistant Regional Counsel, at (312) 886-6831 if you have any legal questions regarding this matter. All other questions should be directed to Debbie F. Regel, Emergency Support Section, at (312) 353-7632.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Richard C. Karl".

Richard C. Karl, Chief  
Emergency and Enforcement Response Branch

bcc: Kurt Lindland, ORC (CS-29A)  
Steve Faryan, OSC (HSE-5J or GI)  
Jose Cisneros, ESS (HSE-5J)  
Debbie Regel, ESS (HSE-5J)  
Oliver Warnsley, RP-CRU (HSM-5J)  
Toni Lesser, Public Affairs (P-19J)  
EERB Site File  
EERB Read File

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Toni Lesser, Public Affairs (P-19J)  
EERB Site File  
EERB Read File

P 851 381 363



# Receipt for Certified Mail

No Insurance Coverage Provided  
Do not use for International Mail

Chicago International E  
4020 South Wentworth Av  
Chicago, IL 60609

Postage	\$ .39
Certified Fee	1.00
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.00
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.39
Postmark or Date	

PS Form 3811, JUNE 1991 (K5E-5D)

ed on the reverse side?

## SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Chicago International Exporting  
20 South Wentworth Ave.  
Chicago, IL 60609

4a. Article Number

P851 381 363

4b. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

*[Signature]*

8. Addressee's Address (Only if requested and fee is paid)

Is your RETURN A

PS Form 3811, December 1991 ☆ U.S.G.P.O. : 1992-307-530

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.